

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/		/				51							
2	/		/				52							
3		/	/	/	/	/	53							
4	/		/	/	/	/	54							
5	/		/				55							
6	/		/				56							
7		/		/			57							
8		/		/			58							
9	/		/	/	/	/	59							
10		/	/	/	/	/	60							
11	/		/	/	/	/	61							
12	/		/	/	/	/	62							
13	/		/	/	/	/	63							
14	/		/	/	/	/	64							
15		2	/				65							
16		/	/				66							
17		/	/				67							
18		①	/	/	/	/	68							
19			/				69							
20			/				70							
21			/				71							
22			/				72							
23			/				73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	10	↓	6	↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	9	↓	7	↓		↓	TOTAL DEP.		↓		↓		↓	
TOTAL CLAIMS	19		13				TOTAL CLAIMS							